



U.S. Department of Justice

United States Attorney

Eastern District of Pennsylvania

615 Chestnut Street
Suite 1250
Philadelphia, Pennsylvania 19106-4476
(215) 861-8200

July 2, 2008

Charles Ivie
20 Helvic Avenue
Monterey, CA 93940

RE: Your recent correspondence

Dear Mr. Ivie:

This office has received your recent correspondence (Small Claims Mediation form, etc.). Please be advised that the United States Attorney's Office is responsible for the prosecution of persons accused of violating federal laws and for representing various officers and agencies of the federal government in civil actions. Accordingly, this office can only undertake those cases falling within federal jurisdiction as described above.

We reviewed your correspondence and determined that there is no federal violation involved. We suggest that you contact a private attorney should you need legal advice or assistance in disputing the traffic citation at issue. Please also note that McKean County, where the traffic citation was issued, is within the jurisdiction of the United States Attorney's Office for the Western District of Pennsylvania. We are returning your correspondence because the Small Claims Mediation form is an original document.

Very truly yours,

The United States Attorney's Office

I am sending complaint for Fraud
to local courts, PA's, POT's, Postal
For Fraud, extortion, perjury etc.

CC POT
nm
update
Fed
Court School

US DEPARTMENT OF JUSTICE
US ATTORNEY E.D. OF PA**Small Claims Mediation**

Small Claims Mediation is offered to all Monterey County residents through a grant-funded program in cooperation with the Superior Court of California, Monterey County, the Monterey College of Law, and Mandell-Gisnet Center for Conflict Management. It is a **FREE** program designed to serve the Community.

In order to participate in the FREE Small Claims Mediation program, **BOTH** parties must agree to mediation, which can be initiated either by you or by the conflict center by calling (831) 582-4000 and asking for the ADR Coordinator. Once the form has been completed and signed by **BOTH** parties, please fax to The Monterey College of Law at (831) 582-4095 or email to djones@montereylaw.edu. Once a fully-completed form has been received, both parties will be notified by telephone, email, or mail of the date and time of the mediation. All mediations will be held at the Monterey College of Law located at 100 Col. Durham Street, Seaside, CA 93955.

If you are not comfortable with the English language, it is the responsibility of the litigants to provide their own interpreter who can interpret for them in the mediation. The Superior Court of California, Monterey County, the Monterey College of Law, and The Mandell-Gisnet Center for Conflict Management **DO NOT** provide interpreters.

Please complete the information below. Please print legibly.

Plaintiff: Charles J. Irie
Mailing Address: 20 Helvic Ave
City: Monterey, State CA
Zip Code: 93940
Telephone: _____
Email: NA

Defendant: State, Officer, Judge Clerk
Mailing Address: 625 E. Kate St.
City: San Mateo, State: PA
Zip Code: 16749
Telephone: 814 882 5243
Email: _____

Amount of Claim: \$ 5,000 per occurrence of Fraud per person

In order to have this claim mediated, both parties must sign and print their names below.

Plaintiff: Charles J. Irie
(Printed Name)

Defendant: _____
(Printed Name)

Signature: _____

Signature: _____

Date: 6-16-08

Date: _____

OFFICE USE ONLY

Date Received: _____

Received by: _____

Date, Time, Location of Mediation: _____

Mediator: _____

Supervising Attorney: _____

**NOTICE OF TRIAL
SUMMARY CASE**

**COMMONWEALTH OF
PENNSYLVANIA**

VS.

DEFENDANT: NAME and ADDRESS

**IVIG, CHARLES EVERETT
20 HELVIC AVENUE
MONTEREY, CA 93946**

Mag Dist No:

48-3-02

MDJ Name: Hon.

WILLIAM K. TODD

Address:

**625 E WATER ST
SMETHPORT, PA**

Telephone: **(814) 887-5743 16749**

**CHARLES E. IVIG
20 HELVIC AVENUE
MONTEREY, CA 93946**

Docket No.: **TR-0000298-08**

Date Filed: **3/31/08**



Charge(s):

§ 75 §1301 SSA REG & CERT OF TITLE REQUIRED

in for action slips

This court has received your plea of NOT GUILTY to the above summary violation(s). The sum of \$.00

has been accepted as collateral for your appearance at trial.

Your trial has been scheduled as follows:

Date: 5/27/08	Place: DISTRICT COURT 48-3-02 625 E WATER ST SMETHPORT, PA 16749 814-887-5743
Time: 10:30 AM	

You have the right to be represented by an attorney. You have the right to have any witnesses present. It is your responsibility to notify your attorney and/or witnesses of this trial date and time.

Should you fail to appear for your trial, a warrant may be issued for your arrest.

Failure to appear for your trial shall constitute consent to trial in your absence and if you are found guilty, the collateral deposited shall be forfeited and applied toward the fine and costs. You shall have the right to appeal within thirty days for a trial de novo.

If you have any questions, please call the above office immediately.

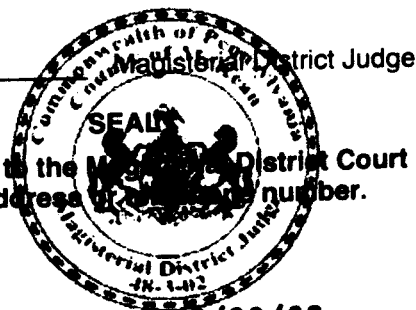
6-16-08

4/30/08 Date

William K Todd

My commission expires first Monday of January, 2012.

If you are disabled and require a reasonable accommodation to gain access to the Magisterial District Court and its services, please contact the Magisterial District Court at the above address or telephone number. We are unable to provide transportation.



CITATION NUMBER: Q0332141-5

**DATE CITATION SIGNED: 3/29/08
DATE PRINTED: 4/30/08 3:24:55 PM**

STATEMENT OF FACTS

Continued on next page

[illegible]

[illegible]

1. The first part of the book is a history of the
 2. of the world - from the beginning of time
 3. to the present day. It is a very interesting
 4. and informative book.

1. The Commission has received information from the Ministry of Health, the Ministry of Education and the Ministry of Labour, that the Government is considering the possibility of introducing a new system of health insurance, which would be based on the principle of universal coverage. The Commission is of the opinion that such a system would be a significant step towards the achievement of the goal of universal health coverage, which is one of the priorities of the Government. The Commission is therefore in favour of the introduction of such a system, and it is recommended that the Government should proceed with the implementation of the proposed system as soon as possible.

2-1032
 3-400

1940-1941

§ keep the Fraud & Abuse
of Free innocent people
through illegal detection &
harassment

Notice of Fraud &
Act of Crime therefore
completing all req requirements
in all laws.

received

MIL2031829 - CHARLES E. IVIE - ID Card

California Insurance ID Card

Alliance United Insurance Company
PO Box 6928
Ventura, CA 93006-6928
NAIC # 10920

Policy Number **Effective Date** **Expiration Date**
 MIL2031829 11/23/2007 12:01 AM Continuous Until Cancelled

Named Insured: **Broker:**
 CHARLES E. IVIE BROOKE AGENCY SERVICES CO., LLC
 20 HELVIG AVE Phone: (800) 446-7873
 MONTEREY, CA 93940

Vehicle Information:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>
1977	INTE	SCOUT	G0052GGD38179

If You Are In An Accident

1. Do not leave the scene.
2. Call the police to report the accident.
3. Call Alliance United Insurance Company at **(800) 508-5833**.
4. Do not admit fault. Do not discuss the accident with anyone except the police and your Alliance United Insurance Company representative.
5. Exchange information with the other driver. Ask for the following:
 - ☐ Name, address, driver's license number, and phone numbers of other drivers and witnesses.
 - ☐ Year, make, model, and license plate number of all vehicles involved.
 - ☐ Name of Insurance Company and policy number of other drivers.

California Insurance ID Card

Alliance United Insurance Company
PO Box 6928
Ventura, CA 93006-6928
NAIC # 10920

Policy Number **Effective Date** **Expiration Date**
 MIL2031829 11/28/2007 12:01 AM Continuous Until Cancelled

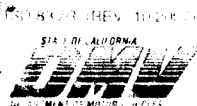
Named Insured: **Broker:**
 CHARLES E. IVIE BROOKE AGENCY SERVICES CO., LLC
 20 HELVIG AVE Phone: (800) 446-7873
 MONTEREY, CA 93940

Vehicle Information:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>
1982	TOYT	CRESSIDA LUXURY	JT2MX62E8C0064812

If You Are In An Accident

1. Do not leave the scene.
2. Call the police to report the accident.
3. Call Alliance United Insurance Company at **(800) 508-5833**.
4. Do not admit fault. Do not discuss the accident with anyone except the police and your Alliance United Insurance Company representative.
5. Exchange information with the other driver. Ask for the following:
 - ☐ Name, address, driver's license number, and phone numbers of other drivers and witnesses.
 - ☐ Year, make, model, and license plate number of all vehicles involved.
 - ☐ Name of Insurance Company and policy number of other drivers.



A Public Service Agency



NOTICE OF INCOMPLETE RENEWAL

LICENSE #
679TTQ

We have received your application to renew your vehicle registration. However, it is incomplete and your sticker and registration card cannot be issued until the item(s) listed below are received by DMV.

Note: If payment has been received, and the registration of your vehicle expires in the process of completing the renewal requirements, your vehicle is still subject to citation or impoundment.

valid when told about during your anti-pollution inspection

- **A Smog Certification.** Please take this notice to a SMOG station. When the vehicle passes inspection, the certification will be transmitted to DMV electronically. Your registration card and sticker will be mailed to you upon receipt of the electronic certification by the department. **No further action is required on your part.**
- **Please allow 30 days** from the date you obtain your certification to receive your registration card and sticker before initiating any further contact with the department.
- **If your vehicle does not pass inspection,** the SMOG technician will explain to you what you must do. If you have additional questions, you may call the Bureau of Automotive Repair at 1(800) 952-5210 or log on to www.smogcheck.ca.gov.

CUSTOMER COPY - DO NOT RETURN TO DMV

For DMV Use Only
Change of Address (see back)
For DMV Use Only

☐ ☐ ☐

S

16221111	14211280722805	01804	NIR701
LICENSE NUMBER		MAKE	
679TTQ		IHARV	
VIN			
G0052GGD38179			
DMV USE ONLY		RENEWAL FEE DUE	
		\$0	

MAKE PAYMENT TO:

IVIE CHARLES E
20 HELVIC AVE
MONTEREY CA 93940

DMV RENEWAL
P.O. BOX 942869
SACRAMENTO CA 94269-0001

CUSTOMER COPY - DO NOT RETURN TO DMV

California Insurance ID Card			
Alliance United Insurance Company PO Box 6928 Ventura, CA 93006-6928 NAIC # 10920			
Policy Number	Effective Date	Expiration Date	
MIL2031829	10/28/2007 12:01 AM	Continuous Until Cancelled	
Named Insured:		Broker:	
CHARLES E. IVIE 20 HELVIC AVE MONTEREY, CA 93940		BROOKE AGENCY SERVICES CO., LLC Phone: (800) 446-7873	
Vehicle Information:			
Year	Make	Model	VIN #
1977	INTE	SCOUT	G0052GGD38179

If You Are In An Accident	
1.	Do not leave the scene.
2.	Call the police to report the accident.
3.	Call Alliance United Insurance Company at (800) 508-5833 .
4.	Do not admit fault. Do not discuss the accident with anyone except the police and your Alliance United Insurance Company representative.
5.	Exchange information with the other driver. Ask for the following:
	Name, address, driver's license number, and phone numbers of other drivers and witnesses.
	Year, make, model, and license plate number of all vehicles involved.
	Name of Insurance Company and policy number of other drivers.

California Insurance ID Card			
Alliance United Insurance Company PO Box 6928 Ventura, CA 93006-6928 NAIC # 10920			
Policy Number	Effective Date	Expiration Date	
MIL2031829	10/28/2007 12:01 AM	Continuous Until Cancelled	
Named Insured:		Broker:	
CHARLES E. IVIE 20 HELVIC AVE MONTEREY, CA 93940		BROOKE AGENCY SERVICES CO., LLC Phone: (800) 446-7873	
Vehicle Information:			
Year	Make	Model	VIN #
1982	TOYT	CRESSIDA LUXURY	JT2MX62E8C0064812

If You Are In An Accident	
1.	Do not leave the scene.
2.	Call the police to report the accident.
3.	Call Alliance United Insurance Company at (800) 508-5833 .
4.	Do not admit fault. Do not discuss the accident with anyone except the police and your Alliance United Insurance Company representative.
5.	Exchange information with the other driver. Ask for the following:
	Name, address, driver's license number, and phone numbers of other drivers and witnesses.
	Year, make, model, and license plate number of all vehicles involved.
	Name of Insurance Company and policy number of other drivers.

Oppression
to stop
will
turn
freely

To young, threats, insecurity, abuse
guys rolled over after notified
stop harassment and fear of
innocent people. I will take
freedom and don't need permission from you.
I am on all central networks and
straightened out ST police, clerics, MP
pangers, citizens ect et al and have called
for civil war and revolution against you
anti public force fraud and to stop paying
taxes